

Sampling Information Form

Please Read and Review All Food And Beverage Sampling and Donation Policies Before Submitting Sampling Request Form.

Name:	ny: Phone #: FAX:		
Company:			
Event:			
Event Dates:			
Please describe the core business and/or product lines or service typically	v sold by your com	pany:	
Do you and/or your company directly produce or make this product/s:	Yes	5	No
Please describe product to sampled:			
Portion Size/Sampling Method (Limited to 4oz beverage portions, 2 oz fo	ood portions) :		
Please Note: Selling of Products for On-Site Consumption is NOT	allowed. Plea	ase remit to:	
Please contact your catering sales manager with questions	Cer	nterplate Catering	
) 14th Street	
		nver, CO 80202	
	Em	ail: Hannah.Combs@S	odexo.com
Signature			

Date

INTERNAL USE ONLY:		Approved By:		
Approved (Circle):	YES	NO		
Comments:				